



**Center for Connectional Resources
Group Health Benefits Plan**

**Bariatric Surgery
Requirements & Checklist**

Effective January 1, 2012

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Bariatric Surgery: Benefit Rules

IS BARIATRIC SURGERY COVERED?

Bariatric Surgery is a covered service under Texas Annual Conference Group Health Benefits (TAC GHB), subject to the limitations described herein. Participants are required to follow certain prescribed steps to ensure the appropriateness of care and the best possible outcomes. To assist the participant in this process, a checklist of activities to be completed in order for the surgery to be considered for approval appears at the end of this document.

BE AN INFORMED HEALTHCARE CONSUMER!

Bariatric procedures are considered major surgery. It is important that you clearly understand the benefits, risks, and long-term impact associated with any course of treatment. Before deciding if Bariatric Surgery is right for you, do as much research as possible. You owe it to yourself to be well informed. You should take several steps to ensure you are an informed consumer.

Talk with your personal Disease Management nurse – If you are a candidate for Bariatric Surgery, you are probably enrolled in the TAC GHB sponsored Disease Management program. If you are currently enrolled, talk to your Disease Management nurse about your situation. Carefully consider the benefits and risks. Ask clarifying questions to make sure you completely understand the surgery and its impact on your life. If you are not currently enrolled in Disease Management, contact Prime Dx at 1-800-477-4625. As part of your aftercare requirements, you must be enrolled in a Disease Management program.

Use the Web as an education tool – Surf the web for information. Below are some web links that will help you further research Bariatric Surgery:

- www.hopkinsmedicine.org: Enter Bariatric Surgery in the search box for numerous related articles.
- www.clevelandclinic.org: Has information related to understanding Bariatric Surgery and helping patients evaluate whether or not they are appropriate candidates for surgery.
- www.healthfinder.gov: A Web site sponsored by the U.S. Department of Health and Human Services covers an array of health related issues, including obesity treatment.
- **Keeping track of your weight** is a proven way to lose weight. Using your search engine, search on “Free weight loss journal”. There is a variety to choose from. Select one and start using it.

Please note that there is extensive information available with respect to obesity treatment. The websites listed above are a small representation of what is easily accessible to the general public. The TAC GHB does not warrant or approve the content of any of the above-mentioned websites. Further, any opinions expressed in the above sites should not be construed as those of the General Board or TAC GHB. You should discuss any information you read with your health care provider.

WHAT IS REQUIRED TO HAVE MY BARIATRIC SURGERY COVERED UNDER TAC GHB?

In order for the surgery to be approved, the participant must:

- Meet the Eligibility Criteria.
- Meet the Qualification Criteria.
- Accomplish Pre-surgical Requirements (see checklist).
- Sign a letter of Release and Commitment to Adhere to Aftercare Guidelines to ensure coverage at the maximum benefit level.
- Use a participating network provider and facility.

All of the above, as well as the plan specific coverage for Bariatric Surgery are addressed below.

Eligibility for Coverage for Bariatric Surgery

- You are eligible if you have been a TAC GHB plan participant for at least 3 years.
- Patient's must be between ages 21 and 65.

Qualification Criteria

In order to be considered for Bariatric Surgery, you must:

- Have a documented five-year history of morbid obesity. This criterion must be substantiated in some way (through physician notes, etc.),
- Body Mass Index (BMI) > 40 or 100 lbs. over weight, or
- BMI > 35 with at least two high risk co-morbidities, such as:
 - Poorly controlled diabetes mellitus,
 - Symptomatic sleep apnea not controlled by C-Pap,
 - Severe cardio-pulmonary condition,
 - Hypertension inadequately controlled with optimal conventional treatment,
 - Uncontrolled Hyperlipidemia not amenable to optimal conventional treatment, or
 - Musculoskeletal dysfunction associated with obesity.

What is Body Mass Index or BMI?

Body Mass Index (BMI) is a measurement that takes into account height and weight in calculating overall body fat. This normalized measure is used to determine levels of obesity for an average adult.

BMI Categorization

- 0 < 25 Normal
- 25 < 27 Overweight
- 27 < 30 Mild Obesity
- 30 < 35 Moderate Obesity
- 35 < 40 Severe Obesity
- 40 < 50 Morbid Obesity
- 50 < 60 Super Obesity

The formula to calculate BMI is: $BMI = [\text{Weight in Pounds} \div (\text{Height in inches})^2] \times 703$

Or go to the [Center for Disease Control and Prevention](#) website for more information on how to calculate your BMI.

Accomplish Pre-surgical Tasks as Outlined in the Checklist

- Attend the day of Wellness at Methodist Hospital.
- If co-morbidities are identified, you must enroll in the TAC GHB sponsored Disease Management program and participate for a minimum of six months prior to surgery.
- Sign commitment and release letter:

Send one copy of your Personal Wellness Profile along with a copy of your TAC GHB Bariatric Benefit Commitment form and Document Submission Requirements (last page) to:

Prime Dx/Boon Chapman Nursing Department
PO Box 9201
Austin, TX. 78766

Through the commitment and release letter you commit that:

- you will follow post - surgical protocol in order to maintain a healthy lifestyle, and
 - you allow the TAC GHB committee and its agents access to Protected Health Information required to track your compliance with post-surgical care requirements.
- Obtain written confirmation from two physicians that you:
 - are able to physically withstand the procedure, and
 - are psychologically motivated to change your lifestyle.

Complete and pass a psychological evaluation by the Krist Samaritan Center. A psychological evaluation must be performed in order to establish the emotional stability and ability to comply with post-surgical limitations as well as to determine that you are psychologically motivated to change your lifestyle.

- Evaluation of other treatable causes. You must undergo a comprehensive physical evaluation to rule out other treatable causes of morbid obesity.
- Previous Compliance with weight loss programs:
 - You must demonstrate that you have failed to lose weight under a medically supervised program sponsored by a hospital or other weight loss program, and
 - Demonstrate compliance with physician-directed weight loss program including diet, exercise and behavioral modification for a minimum of one year.
- TAC GHB requires you to use a participating or network facility only. Surgeries at non-participating or out-of-network facilities are not covered. The Methodist Hospital write-off of deductibles and co-pays apply for this surgery.
- Inform the Disease Management nurse.
- Choose an appropriate Surgeon and Facility. As a general guideline, the facility should provide the following services in addition to the surgery itself:
 - Preoperative medical consultation and approval,
 - Preoperative psychiatric consultation and approval,
 - Nutritional counseling,
 - Exercise counseling,
 - Psychological counseling, and
 - Support group meetings.

Sign Letter of Release and Commitment to Adhere to Aftercare Guidelines

In order to be considered for Bariatric Surgery, you must sign a letter of commitment promising that you will follow the aftercare guidelines. In addition, by signing the letter you will authorize the TAC GHB committee to access information to appropriately measure your adherence to pre-surgery and aftercare guidelines.

The aftercare requirement includes long-term behavioral modification support for at least one year after surgery as prescribed by the treating physician, including but not limited to;

- Compliance with all required follow-up visits as prescribed by your physician,
- Compliance with case management recommendations,
- Exercise counseling,
- Nutritional counseling,
- Psychological support through counseling and/or support group meetings, and
- Enrollment in Prime Dx disease management program, as required.

Use a Participating Network Provider and Facility

You must use a participating or network provider and facility in order for the procedure to be covered by TAC GHB. Bariatric surgery is not covered if the surgery is performed by a non-participating or non-network provider or performed in a non-participating or non-network facility.

WHAT IS OR IS NOT COVERED BY TAC GHB?

Coverage Under TAC GHB is as Follows:

- In network deductible and co-insurance applies the same as any other condition:
- Panniculectomy (a procedure to remove fatty tissue and excess skin from the lower to middle portions of the abdomen) may be covered at 50% up to \$3,000 (Counted toward lifetime maximum of \$100,000). This benefit is only available if the patient is compliant with aftercare guidelines.
- The following Coverage Limits apply:
 - One Bariatric Surgery per lifetime.
 - Lifetime maximum benefit of \$100,000 for surgery, subsequent follow-up surgeries (including Panniculectomy) and aftercare.
 - Panniculectomy is excluded if the patient does not follow aftercare protocol.

Covered Procedures:

- Adjustable Gastric Banding (Lap Banding),
- Vertical Banded Gastroplasty,
- Roux-en-Y,
- Sleeve Vertical Gastrectomy
- Biliopancreatic Diversion, and
- Duodenal Switch.

Exclusions (the items below are non-covered expenses):

- Gastric Balloon, Intestinal Bypass alone, and Stapling procedures are specifically excluded from this Bariatric Surgery benefit.
- Bariatric Surgery performed by non-participating or out-of-network providers, even if you are in an out-of-area plan.
- Bariatric Surgery will not be covered if you have one or more of the following conditions:
 - Active substance abuse,
 - Defined non-compliance with previous medical care,
- **Once you have Bariatric Surgery, you are no longer eligible to receive incentives for weight loss under the TAC Wellness program.**

Important Notice: The content of this rulebook is presented to inform you of (1) the specific conditions under which the benefits described herein are provided by TAC GHB, and (2) the strict requirements for pre-care and after care that you must follow in order for TAC GHB to provide the benefit. Nothing in this rulebook should be considered medical advice. The TAC GHB and their agents for claim administration and consultants do not undertake to furnish health care services but solely to make payments to health care providers for services covered under the TAC GHB plan. The TAC GHB and their agents are not in any event liable for any act or omission of any health care provider or the agent or employee of such provider. If you have questions or concerns about the information contained in this rulebook, please consult your physician or other health care provider. The medical terms and medical information contained in these articles should not be considered medical advice.

Bariatric Surgery: Patient Pre-Surgical Checklist

Eligibility for the Procedure:

- Am I eligible?
(TAC GHB participant for at least 3 years.)
- Do I meet the age requirement (between ages 21 and 65)?

Document Submission Requirements - Furnish the below items to your case manager at Prime Dx:

- Documented History of Morbid Obesity for the last five years
- Documentation of BMI > 40 or BMI > 35 with two co-morbidities
- Signed Release and Commitment Letter
- Participation for six months in disease management program (if co-morbidities exist)
- Psychological Evaluation Results – An original of the evaluation should be sent directly to Prime Dx/Boon Chapman Nursing Department and a copy attached to this check list.
- Physician's Evaluation Results (two physicians)
- Documentation of Previous Weight Loss Program efforts for latest 12-month period

Additional Submission Requirements (On-line)

- Attend the Methodist Hospital Day of Wellness.

Note: Once you have Bariatric Surgery, you are no longer eligible to receive incentives for weight loss under the TAC Wellness program.